	THE DIVISION OF HEALTH OF MISSOURI  STANDARD CERTIFICATE OF DEATH  State File No						
No. 300							
10.48	wikn no	<b>8</b> - 195 <b>5</b>	<b>こ</b> っ		_		
	BIRTH NO	1 1000	REG. DIST. NO & 3		NO. 3010. Regis		
D	1. PLACE OF DEA	ATH		2. USUAL RESIDE	ENCE (Where deceased II-	ved. If institution: residence before INTY admission).	
	Cape Girardeau			aSTATE Missou	<u>ri Cape (</u>	irardeau admission).	
· ·	b. CITY (It outside corporate limits, write RURAL and give c. LENGTH OF OR township) STAY (in this place)			c, CITY OR	i	d. Is Residence within limits of	
ا م		e Girard	leau 7 yrs	той Саре	Girardeau 📗	d. Is Residence within limits of a city or incorporated town?  Yes No	
RECORD	d. FULL NAME OF (If not in hospital or institution, give street address or location)			ADDRESS	(If rural, give location)	-164	
ပ္က	HOSPITAL OR INSTITUTION Cape, Osteopathic Hospital			710	) Morgan Oak	c Sti. $\mathcal{O}'$ d	
22	J. NAME OF	a. (First)	b. (Middle)	c. (Last)	4. DATE	(Month) (Day) (Year)	
F	DECEASED (Type or Print)	Elmer	Harrison	Erennam	DEATH SE		
PERMANENT	5. SEX 1.6.	COLOR OR RACE	1.7. MARRIED, NEVER MARRIED, /	8. DATE OF BIRTH	9. AGE (In year	TO IF UNDER I YEAR OF UNDER 24 HRS.	
- 2	Male T	White	WIDOWED DIVORCED (Specify)	Apr. 26.19	last birthday)	Months Days Hours Min.	
Ş		ON (Give kind of work		11 DIDTUDI LOS	<del> </del>	12. CITIZEN OF WHAT	
ra l	10a. USUAL OCCUPATIO	ng life, even if retired)	Construction	, (41	ty and State or Foreign Cou nty, Missour	COUNTRY?	
<u> </u>	13a. FATHER'S NAME	OHIVOTREL	136. MOTHER'S MAIDEN	<del></del>	14. NAME OF HUSBAND		
<b>⋖</b> [					Helen Mari	_	
9	" Louis Edi			17. INFORMANT'S			
44	(Yes. no. or unknown) (II	yes, give war or dates	of service) NO.		S SIGNATURE CORPA		
-MAKE	No   445-01-0324 Mrs. Helen Lovell Brannam, Medical Certification   Interval Between						
4 . ti	ONSET AND DEATH						
INK	line for (a), (b), and (c)  DIRECTLY LEADING TO DEATH*(a)  Lette Circulatory Failure						
摇	*This does not mean ANTECEDENT CAUSES						
BLACK	the mode of dying, such	ode of dying, such Morbid conditions, if any, giving DUE TO (b) Laronary I hamballo und Myoradiol of feedles					
BL	as heart failure, asthenia, etc. It means the dis-	the underlying ca	cause (a) stating	4		. * .	
	ease, injury, or complica-	<u> </u>	DUE TO (c)	e lever clera	<u> </u>		
Į ž			FICANT CONDITIONS		1001	4201 :	
(ax			buting to the death but not use or condition causing death.		4 201		
UNFADING	19a. DATE OF OPERA-	19b. MAJOR FIN	DINGS OF OPERATION			20. AUTOPSY?	
C C	1101			YES NO			
	21a. ACCIDENT SUICIDE	(Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR 1	rownship) (CC	OUNTY) (STATE)	
Ň	HOMICIDE	ł	nome, isrm, factory, street, outce ting., etc.)				
USING	21d. TIME (Month)	(Day) (Year)	(Hour)   21e. INJURY OCCURRED	21f. HOW DID INJURY	OCCUR1 -		
	OF INJURY		B. WHILE AT NOT WHILE WORK AT WORK				
LY	22. I hereby certify that I attended the deceased from Lett. 25, 1955, to Spect. 30, 1955, that I last saw the deceased						
	alive on						
PLAINLY	23a. SIGNATURE (Degree or title) 23b. ADDRESS 23c. DATE SIGNED						
	1 /2 100 D1. 185. Starid Cale She to the Soit 30 Ac-						
	24a. BURIAL, CREMA-   24b. DATE   24c. NAME OF CEMETERY OR CREMATORY   24d. LOCATION (Oity, town, or county) (State)						
WRITE	24a. BURIAL, CREMA TION, REMOVAL RESEARCY			1	_		
. ≱	Remosal DATE REC'D BY LOCAL		SIGNATURE	25. FUNERAL/DIRECT	Joplin Wr's signature	MO	
	VALE REC D BY LOCAL		44-0,	J 4 4 27		rardeau, Mo.	
	10-1-23	1 (D. (D)	ummers	// // /Van	nan		

Less in

SSEL TI NON



BEC, C MIL

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the	reverse side of this certificate was em
by me, or by	Student Embalmer No
working under my personal supervision	

Student ...... Signature of Student Embelmer

ned XX Haman

Licensed Embalmer No 2 84.3

P. O. Address Cape Gina

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

